


# Town of Windsor

## Memorandum

October 30, 2008

**TO:** The Honorable Mayor and Members of Town Council

**FROM:** John L. Rowe, Jr., Interim Town Manager 

**SUBJECT:** Employees Shared Leave Program

Many organizations – both public and private – have a “shared leave program.” A shared leave program gives employees the opportunity to donate leave to other employees who have exhausted their sick leave under certain conditions.

We recently had a need to develop such a program with Phil Bowden’s recent illness and hospital stay.

I have the administrative authority to develop such a program, and I am enclosing our recently instituted “Shared Leave Program” for your information.

I am very proud of the fact that we have a great group of caring employees who want to donate their leave to their fellow workers who unfortunately find themselves in an unwanted medical condition.


Again, I am sending you this for your information. As always, if you have any questions, then please do not hesitate to call me.

C: Town Attorney  
Town Clerk

# Town of Windsor

## Memorandum

October 17, 2008

**TO:** All Town Employees  
**FROM:** John L. Rowe, Jr., Interim Town Manager   
**SUBJECT:** New Administrative Policy – Employees Shared Leave Program

I am attaching a copy of a new administrative policy that establishes an “*Employees Shared Leave Program*.”

This policy is in effect as of today. If you have any questions, then please do not hesitate to talk with me.

Thank you.

**Town Of Windsor**  
***Administrative Policy***  
**Employees Shared Leave Program**

**Date:** October 17, 2008

**Name of Administrative Policy**

This document hereby establishes an administrative policy entitled "*Employees Shared Leave Program.*"

**Purpose of the Administrative Policy**

The purpose of this administrative policy is to provide employees the opportunity to donate leave to other employees who have exhausted their sick leave under certain conditions set forth in this policy.

In cases of a catastrophic medical condition, an employee may apply for leave donations from other Town employees. Consenting employees may agree to have leave donations transferred from their accumulated sick, vacation and/or holiday leave balances to the sick account of a requesting employee. This policy prohibits the use of coercion and/or intimidation. The Shared Leave Program is employee to employee and is being offered in addition to the benefits provided by the Town. Shared Leave is not "accrued" or "earned" under this program. The Town may modify or terminate the Shared Leave Program at any time in its sole discretion. All full-time and part-time employees with benefits that have been employed for at least six (6) months are eligible for this program.

**Definitions**

**Catastrophic Medical Condition:**

A serious incapacitating and/or life threatening non-job related illness/injury requiring an extended treatment and/or recovery period for which the employee anticipates being absent from work.

**Immediate Family Member:**

Immediate family member includes mother, father, husband, wife, son and daughter.

**Direct Donations:** Leave donated from an employee to a qualifying named recipient.

**Terminating Employment:** Ending employment for any reason.

### **Employee Requesting Shared Leave**

1. Recipients may request shared leave donations for a Catastrophic Medical Condition requiring an extended treatment and/or recovery period. The catastrophic medical condition can be the employee's own or for their immediate family member. This program is not meant to extend the employment of an employee when the possibility of return to work is not probable.
2. The recipient's current performance must be at an acceptable level (fully successful or higher).
3. Recipients must exhaust all paid leave (sick, vacation and holiday) before receiving leave from direct donations or from the Shared Leave Bank. The application process can be started prior to the actual depletion of leave.
4. The employee requesting to receive a leave donation must complete the form entitled "*Share Leave – Recipient's Request Form.*" Employees may obtain a copy of this form in the Town Clerk/Treasurer's office. If the recipient is unable to complete the application, then their supervisor may do so upon verbal permission of the employee. No medical information can be released without the written signed consent of the recipient.
5. All applications to receive shared leave must first be submitted to the recipient's department head for his/her comments before forwarding to the Town Manager.
6. Where "donated leave" received qualifies for the 12-week FMLA entitlement, the time granted and the FMLA entitlement shall run concurrently.

### **Employee Donating Leave**

1. Employees donating leave must maintain a combined balance of 12 days of vacation and sick leave (not to include holiday time).
2. Employees may donate sick, vacation and/or holiday leave to a qualifying named recipient.
3. Leave must be donated in one-hour increments.
4. Employees desiring to donate leave under this policy shall complete the form entitled "*Shared Leave – Donor's Request Form.*" Employees may obtain this form in the Town Clerk/Treasurer's office.
5. The Town Manager shall approve all donations of leave.

**This policy shall remain in effective until amended or rescinded by the Town Manager.**

John L. Rowe, Jr, Interim Town Manager: John L. Rowe Date: Oct 17, 2008

## Shared Leave – Donor's Request Form

*Please send completed form to the Town Clerk/Treasurer*

<b>Donor's Name:</b> <i>(Please print FULL name)</i>
<b>Recipient's Name:</b> <i>(Please print FULL name)</i>
Donor's Department:

Sick, vacation and/or holiday leave may be donated to a qualifying named recipient or to the Shared Leave Bank. Leave must be donated on one hour increments. Employees donating leave must maintain a combined balance of 12 days of vacation and sick leave (not to include holiday time). Maintaining required minimum balances is solely the responsibility of employees.

I understand that the donation of any leave is entirely voluntary.

	Vacation	Sick	Total
Hours of Leave To Be Donated			

\_\_\_\_\_  
Donor's Signature                      Date

### Approvals:

\_\_\_\_\_  
Payroll                      Date                      Town Manager                      Date

To Be Completed By Payroll

### Leave Account Information

	Vacation	Sick	Totals
Donor's Leave Account Balance Prior to Donation As of: _____			
Donor's Leave Balance After Donation As of: _____			

## Shared Leave – Recipient's Request Form

*Please send completed form to the Town Clerk/Treasurer*

<b>Recipient's Name:</b> <i>(Please print FULL name)</i>
<b>Donor's Name:</b> <i>(Please print FULL name)</i>
Recipient's Department:

Sick, vacation and/or holiday leave may be donated to a qualifying named recipient or to the Shared Leave Bank. Leave must be donated on one hour increments. Employees donating leave must maintain a combined balance of 12 days of vacation and sick leave (not to include holiday time). Maintaining required minimum balances is solely the responsibility of employees.

	Sick
Hours of Leave Requested	

\_\_\_\_\_  
Recipient or Supervisor's Signature

\_\_\_\_\_  
Date

### Approvals:

\_\_\_\_\_  
Payroll                      Date

\_\_\_\_\_  
Town Manager                      Date

### To Be Completed By Payroll

#### Leave Account Information

	Vacation	Sick	Totals
Recipients Leave Account Balance Prior to Donation As of: _____			
Recipient's Leave Balance After Donation As of: _____			